

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35179

STATE FILE NUMBER

FILED OCT 21 1957

Registration District No. 73

Primary Registration District No. 529

Registrar's No. 122

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|---|-------------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Clay | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty | | c. CITY OR TOWN Liberty | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IOOF Hospital | | d. STREET ADDRESS RR 3 | |
| 3. NAME OF DECEASED (Type or print) Phill Waggoner | | 4. DATE OF DEATH Sept. 28, 1957 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 18, 1873 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer | | 9b. AGE (In years last birthday) 74 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farming | |
| 11. BIRTHPLACE (City and state or country) Lawrence Co. ILL. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME unknown | | 14. MOTHER'S MAIDEN NAME unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No <input type="checkbox"/> (If yes, give war or dates of service)) | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT IOOF Home Records, Liberty, Mo. | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombus Conditions, if any, which gave rise to above cause—(a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201 | | 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION Liberty, Mo. | | 20g. COUNTY Mo. STATE Mo. | |
| 21. I attended the deceased from 54 to 54 and last saw him alive on Sept 28, 57 Death occurred at 900 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Clouet Graham | | 22b. ADDRESS Liberty, Mo. | |
| 22c. DATE SIGNED 9/30/57 | | 23a. BURIAL, CREMATION, REMAINS (S, C, I, V) Burial | |
| 23b. DATE 10-2-57 | | 23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery | |
| 23d. LOCATION (City, town, or county) Liberty, Mo. | | 23e. (State) Mo. | |
| 24. FUNERAL DIRECTOR Tyler-Pasley ADDRESS Liberty, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-9-57 | |
| 26. REGISTRAR'S SIGNATURE Mabel Graham | | 27. (State) Mo. | |

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed John Parley

Licensed Embalmer No. 430

P. O. Address Liberty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.